

**Index of Claims**

**Application No.**

10/635,946

**Applicant(s)**

DUNCIA ET AL.

**Examiner**

Celia Chang

**Art Unit**

1625

|   |                 |
|---|-----------------|
| ✓ | <b>Rejected</b> |
| = | <b>Allowed</b>  |

|   |  |
|---|--|
| - | <b>(Through numeral)<br/>Cancelled</b> |
| ÷ | <b>Restricted</b>                      |

|   |                     |
|---|---------------------|
| N | <b>Non-Elected</b>  |
| I | <b>Interference</b> |

|   |                 |
|---|-----------------|
| A | <b>Appeal</b>   |
| O | <b>Objected</b> |

| <b>Claim</b> |          | <b>Date</b> |         |
|--------------|----------|-------------|---------|
| Final        | Original | 8/3/04      | 2/16/05 |
| 1            | 1        | V           | =       |
| 2            | 2        | V           | =       |
| 3            | 3        | V           | =       |
| 4            | 4        | V           | =       |
| 5            | 5        | V           | =       |
| 6            | 6        | V           | =       |
| 7            | 7        | V           | =       |
| 8            | 8        | V           | =       |
| 9            | 9        | V           | =       |
| 10           | 10       | V           | =       |
| 11           | 11       | V           | =       |
| 12           | 12       | V           | =       |
| 13           | 13       | V           | =       |
| 14           |          |             |         |
| 15           | 15       |             | =       |
| 16           | 16       |             | =       |
| 17           |          |             |         |
| 18           |          |             |         |
| 19           | 19       |             | =       |
| 20           | 20       |             | =       |
| 21           | 21       | V           | =       |
| 22           |          |             |         |
| 23           |          |             |         |
| 24           |          |             |         |
| 25           |          |             |         |
| 26           |          |             |         |
| 27           |          |             |         |
| 28           |          |             |         |
| 29           |          |             |         |
| 30           |          |             |         |
| 31           |          |             |         |
| 32           |          |             |         |
| 33           |          |             |         |
| 34           |          |             |         |
| 35           |          |             |         |
| 36           |          |             |         |
| 37           |          |             |         |
| 38           |          |             |         |
| 39           |          |             |         |
| 40           |          |             |         |
| 41           |          |             |         |
| 42           |          |             |         |
| 43           |          |             |         |
| 44           |          |             |         |
| 45           |          |             |         |
| 46           |          |             |         |
| 47           |          |             |         |
| 48           |          |             |         |
| 49           |          |             |         |
| 50           |          |             |         |

| <b>Claim</b> |          | <b>Date</b> |  |
|--------------|----------|-------------|--|
| Final        | Original |             |  |
|              | 51       |             |  |
|              | 52       |             |  |
|              | 53       |             |  |
|              | 54       |             |  |
|              | 55       |             |  |
|              | 56       |             |  |
|              | 57       |             |  |
|              | 58       |             |  |
|              | 59       |             |  |
|              | 60       |             |  |
|              | 61       |             |  |
|              | 62       |             |  |
|              | 63       |             |  |
|              | 64       |             |  |
|              | 65       |             |  |
|              | 66       |             |  |
|              | 67       |             |  |
|              | 68       |             |  |
|              | 69       |             |  |
|              | 70       |             |  |
|              | 71       |             |  |
|              | 72       |             |  |
|              | 73       |             |  |
|              | 74       |             |  |
|              | 75       |             |  |
|              | 76       |             |  |
|              | 77       |             |  |
|              | 78       |             |  |
|              | 79       |             |  |
|              | 80       |             |  |
|              | 81       |             |  |
|              | 82       |             |  |
|              | 83       |             |  |
|              | 84       |             |  |
|              | 85       |             |  |
|              | 86       |             |  |
|              | 87       |             |  |
|              | 88       |             |  |
|              | 89       |             |  |
|              | 90       |             |  |
|              | 91       |             |  |
|              | 92       |             |  |
|              | 93       |             |  |
|              | 94       |             |  |
|              | 95       |             |  |
|              | 96       |             |  |
|              | 97       |             |  |
|              | 98       |             |  |
|              | 99       |             |  |
|              | 100      |             |  |

| <b>Claim</b> |          | <b>Date</b> |  |
|--------------|----------|-------------|--|
| Final        | Original |             |  |
|              | 101      |             |  |
|              | 102      |             |  |
|              | 103      |             |  |
|              | 104      |             |  |
|              | 105      |             |  |
|              | 106      |             |  |
|              | 107      |             |  |
|              | 108      |             |  |
|              | 109      |             |  |
|              | 110      |             |  |
|              | 111      |             |  |
|              | 112      |             |  |
|              | 113      |             |  |
|              | 114      |             |  |
|              | 115      |             |  |
|              | 116      |             |  |
|              | 117      |             |  |
|              | 118      |             |  |
|              | 119      |             |  |
|              | 120      |             |  |
|              | 121      |             |  |
|              | 122      |             |  |
|              | 123      |             |  |
|              | 124      |             |  |
|              | 125      |             |  |
|              | 126      |             |  |
|              | 127      |             |  |
|              | 128      |             |  |
|              | 129      |             |  |
|              | 130      |             |  |
|              | 131      |             |  |
|              | 132      |             |  |
|              | 133      |             |  |
|              | 134      |             |  |
|              | 135      |             |  |
|              | 136      |             |  |
|              | 137      |             |  |
|              | 138      |             |  |
|              | 139      |             |  |
|              | 140      |             |  |
|              | 141      |             |  |
|              | 142      |             |  |
|              | 143      |             |  |
|              | 144      |             |  |
|              | 145      |             |  |
|              | 146      |             |  |
|              | 147      |             |  |
|              | 148      |             |  |
|              | 149      |             |  |
|              | 150      |             |  |